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# NURSING IN NERVOUS DISEASES

## FIRST PAPER

### THE TEACHING IN NEUROLOGICAL HOSPITALS

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ASIDE from the acute diseases depending upon infection and upon accidental occurrences, the bulk of disease that nurses are called upon to aid physicians in overcoming is made up of nervous diseases or of disorders of nutrition, masquerading as nervous diseases. If they ask themselves what their training has been to fit them for such task, they will be embarrassed on appreciating that they have had very little. Their training has been largely with acute diseases; and if with chronic diseases at all it has been almost entirely in the administration of medicine, and the desultory utilization of water and electricity. The writer does not speak from hearsay in this matter, but from the standpoint of one who has been intimately connected with two large general hospitals, with which flourishing training schools are connected.

The successful treatment of nervous diseases depends in a very small measure upon the administration of medicines. It does depend, however, largely upon three factors. These are: 1. Discipline. 2. Utilization of physical measures that are known to influence constructive metabolism, such as water, electricity, massage, heat, exercise, rest, occupation, etc. 3. The point of view, or what may be called learning to see straight. In other words, teach the unfortunate individual who has become ill to see himself and his disorder in the right light and in the right proportion to his environment.

Physicians who have been interested in the treatment of nervous diseases have found that the successful handling of them has often been most difficult because of their inability to secure the services and co-operation of the members of the nursing profession. When a nurse is asked to go to a patient suffering from some nervous or mental disease that is not so profound as to call for admittance to an asylum, and is asked to apply her knowledge to such purpose that it would accomplish the three indications spoken of above, it has been found that no matter how willing she is to co-operate, or how remarkable her native talents are, unless she has had training or experience, it is impossible for her

to do her work creditably or properly to co-operate with the physician. Heretofore it has been necessary to give such nurses the kind of training which is requisite for nervous patients, personally. This has been a difficult and protracted procedure and consequently few have been properly trained, that is, few have attached themselves to the physicians from whom they could have gotten this particular training. This neurological hospital aims to provide for nurses who have had the discipline and instruction of a regular course in some training school a course of graduate work, which, earnestly discharged, will give a look-in to some of the mysteries of nervous diseases and a familiarity with the measures that are utilized in their treatment.

Certain qualities are essential in a nurse who takes care of so-called nervous patients. Some of them may be acquired and others are inborn. Those that are acquired, however, are of greater importance than those that are inherited. To carry out orders scrupulously and meticulously, with manifest pleasure in doing them, or a joy of accomplishing; a combination of tact and mandatoriness; an ability to keep the patients from talking about their ailment and to dispel the atmosphere of invalidism, are qualities which any well-balanced woman can acquire.

A nurse who aspires to discharge her obligations to patients sick with nervous diseases must know how to use the agencies that successfully combat such disease. To know how to apply them she must be taught to do so under expert guides, no amount of instructions from books will suffice; she must do them herself, her own experience guiding her own hands. It is not the diseases that she must learn to treat, but the patient, as well, and oftentimes success will attend her efforts if she devotes herself to the latter and includes the former. Each patient must be individualized. It is no more possible to treat every patient suffering with the disease neurasthenia in a stereotyped way than it is for the surgeon to treat every case of gangrene in a uniform way. Individualization is the master word in neurological therapy.

During the past generation there has been a remarkable change in our attitude towards nervous diseases. The change is still going on. They are no longer looked upon as imaginary ailments or manifestations of puerility. They are no longer considered calamitous ancillæ of morbid whims and tendencies; they are not interpreted as "hysterical" manifestations; that is, manifestations which could be suppressed if the individual exercises an appropriate will power; they are no longer considered unprofitable to study or intractable to treat. The therapy of nervous diseases in a few years has been put on a firmer and more scientific foundation than the therapy of any other disease save the acute

infections. It is this therapy that we look to nurses to apply. Since time immemorial certain agencies have been used in the successful treatment of all diseases. These are water, light, heat, air, diet, massage, exercise, rest, etc. A measure, at least, of the success that attended the treatment at the Asklepian Temples is legitimately to be attributed to the use of these measures in them. Nowadays we aim to apply such measures in a scientific way and you will see that patients who are given hydriatic treatment, electrical treatment, massage, etc., are subject to examination with instruments of precision before and after the treatment in order that it may be determined what bodily changes evidenced by alteration in pulse, blood-pressure, temperature, and respiration take place.

The application of water to the cure of nervous diseases is very important. It is not only necessary to learn to give a tonic bath, an eliminative bath, a half bath followed by effusion, a salt rub, but it is necessary to learn how to give dry and wet packs, dripping sheets, splash baths, and irrigations of all sorts; and to learn what the effects of such applications are. If a nurse is instructed to give a patient a tonic bath, or a half bath, followed by ablutions, and that patient leaves the bath-room without evidences of reaction and afterwards feels like yawning constantly and is depressed, she may know that the bath has not been given properly. Your knowledge of the effects of the baths must be such as to permit you to form a judgment of whether or not they are accomplishing their purpose. The only way to acquire this knowledge is to apply the mind and the senses. In the vast majority of instances the physician who orders such treatment is not on the spot when it is done, he can only judge of the results, by the more or less remote effects it has. The nurse is there and her observation of the effects may be of the greatest importance to him in deciding whether or not they should be continued and to what modifications they should be subjected.

What has been said about hydriatic procedure may be repeated with certain modification for all mechanical treatment that is utilized in the care of nervous diseases. Let us consider the procedure known as massage. There is no reason why any nurse should not give her patient the requisite amount of massage, save in very few instances. For the nurse the exercise would be most beneficial, for the patient the ministrations might be so. But in order to give massage to its proper advantage she must have some idea of what she is attempting to accomplish with it, whether it is given to soothe, to stimulate, or to improve local or general nutrition. If this is taken in lieu of exercise, as it is by many indolent people, then an official masseur should be employed. I have

often been embarrassed and humiliated in my attempts to carry out treatment of nervous patients by the number of persons that I have been obliged to send to the patients—a nurse, a masseur, a hydriatist, an individual to give electrical treatment, another to give exercise, etc. I maintain that the nurse should know how to do all these things herself, and it is for a composite nurse, the nurse and trainer, the nurse, trainer and educator, that I appeal.

Consider the subject of occupation, exercise, and recreation, and inquire what training the nurse has had in her regular course to fit her for the utilization of any of these measures. She may have had some instruction in breathing exercises and she may have been taught in her high school days some simple calisthenics, but if she is asked to give her patient a half hour's exercise with the medicine ball, or fifteen minutes calisthenics, or ten minutes resistance exercise, or if she is asked to devise ways and means for diverting the patient with quoits, rings, tether tennis, folk dancing or fancy dancing,—all of which can be done in the patient's home,—she is immediately at sea. The same may be said of simple occupations such as clay modelling, basket making, brass hammering, etc. I do not mean to say that the nurse should be an expert at any of these occupations. She should be taught as much of these things as she will require satisfactorily to care for nervous patients. While she is learning this she should learn also what nervous diseases stand for and gain some insight into those who manifest such diseases.

The majority of nervous diseases flow out of conditions which operating upon the average normal individual produce little effect. Acting upon an individual who has been handicapped by nature it produces all sorts of symptoms; these "all sorts of symptoms" constitute the bulk of nervous diseases. Some individuals are born with a tendency to gout, some with a tendency to infectious and parasitic diseases, such as tuberculosis and cancer, and in just the same way some are so unfortunate as to be born with a tendency to be nervous. They are endowed fundamentally with a limited supply of nervous energy and when stress and strain come their capital is readily exhausted. They are like ships that go out to sea with ballast that is adequate to keep them afloat when the seas are calm and the weather fine, but when the sea becomes angry and the elements turbulent, the ship tosses about very much as if there were no ballast at all in it. It is when the human ship begins to toss about this way that the nurse is sent for and asked to be the ballast. She will be more successful if she realizes what the neuropathic constitution is and what some of its possibilities are. She will find that the most essential thing that she can bring into the treatment of such a

case is the capacity to effect discipline. Now discipline is not used here in the conventional sense, or in the nursery sense. Discipline for nurses consists in conformation to a scheduled routine and conforming to it punctually and heartily. Perhaps the last named is really the most important in discipline. To do things they have to do as if they had pleasure in doing them and really liked them, is the goal to be attained. It is said that a large part of the benefit following any cure at such a place as Carlsbad, for instance, is dependent upon the limitation of diet, the regularity with which exercise is taken, conformation to the custom of going to bed and rising at a certain hour, cessation of indulgence in certain habits such as drinking and smoking, etc. And this explanation is quite true. It is also what we mean to convey by the word discipline. To have to undress and rest in bed at a certain hour, to have to take exercise from a certain time to a certain time, to have to bathe, eat, drink, walk, sleep at a certain definite time, and for so long, is one of the most essential elements of discipline for nervous patients and one of the factors in the treatment out of which most benefit flows. When the nurse leaves the hospital and goes into households where she will be expected to carry this into operation, she will find in many instances that it is the most difficult thing she will have to do. So few persons have that capacity to do things in an orderly way. When they are ill, what little vestige of orderliness they have had in their lives completely disappears.

Perhaps in reality the most important duty that nurses for nervous patients have is an educational one. They must teach the point of view; they must themselves be imbued with some philosophy of life which teaches that life is worth living just in proportion as we can be happy and efficient ourselves and contribute to the happiness and efficiency of others. They must have a deep realization of the fact that happiness and efficiency have very little relationship to material possession, but that they stand in direct relationship to health and sanity, and to the point of view. They must know that optimism is an asset which it is essential that every one shall have. They must be deeply imbued with the fact that the majority of human beings are dependent upon some form of moral or religious support, which is inborn and acquired; when they lose connection with it they are like a ship that has lost its rudder. Finally they must realize that so-called individuals are individuals only in an extremely narrow and limited sense, that in reality they are a part of one great organization. They must be taught that they therefore owe a duty to their fellowmen of which the community is made up, and if they do not discharge this duty they can

neither be well, happy nor efficient. No nurse can possibly realize what is meant by teaching the point of view, unless she approach the matter with an interrogation—namely, what is the object and aim of life and what is its meaning? What is the object and aim of life and its meaning for the person who devotes herself to the nursing of the sick? She should ask herself if her ambition is realized when she sees the evidence of disease dispelled. Illness chastens the spirit and adds depth to the soul. It gives the victim an opportunity of seeing more deeply into the mysteries of life and gives him time to cogitate on the meaning of life. Those who stand as witnesses to this cogitation have opportunities of participating in it without themselves experiencing the illness.

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## THE NURSE AS THE MOTHER'S AID IN TEACHING THE CHILD THE PROBLEMS OF SEX \*

BY ANNA ROSS LAPHAM, M.D.

THE province of this paper is not the discussion in the concrete of the lessons which it is necessary to teach growing children, concerning the miracle which we call "The Origin of Life," and the twin mystery, sex. Rather are we to consider the relationship existing between the trained nurse on the one hand, and the patient or the mother of the family on the other.

For generations it has been the popular belief among parents that it was improper to teach boys and girls certain physiological facts concerning themselves, under the mistaken impression that ignorance is innocence. That this is not true is the experience of every physician and nurse; the experience of every one who has to do with juvenile court work, or humanitarian projects of any kind. It is impossible to keep children ignorant of sexual matters; and if these lessons are not taught in a refined manner in the home, they will be learned on the streets or playgrounds from other children; and subjects which should be considered sacred, and discussed only in a serious, reverent manner will be jested about and treated as something vile and vulgar.

The child who is compelled to receive second-hand information upon the origin of life, and the legitimate functions of the sexual organs, instead of being uplifted and benefited by a proper self knowledge,

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\* Read before the Chicago Superintendents' Society.